

# UNITED STATES HOUSE OF REPRESENTATIVES

**FORM A**  
For use by Members, officers, and employees

**HAND DELIVERED**

CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

DANNY K DAVIS

202-225-5006

2011 MAY 25 PM 4:47

(Full Name)

(Daytime Telephone)

(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: IL District: 07	<input type="checkbox"/> Officer Or Employee	Employing Office:
	Termination Date:			

Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination
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A \$200 penalty shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**SCHEDULE I - EARNED INCOME**

Name DANNY K DAVIS

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
STATE OF ILLINOIS	SPOUSE PENSION	\$39,394.32
SOCIAL SECURITY U.S GOVT	SPOUSE SOCIAL SECURITY	\$1,245.60
SOCIAL SECURITY BENEFITS, U.S GOVT	MEMBER SOCIAL SECURITY	\$24,639
VALIC WITHDRAWAL	SPOUSE	\$10,000
VALIC WITHDRAWAL	SPOUSE	\$8,616.66

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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## BLOCK A

### Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.

For rental or other real property held for investment, provide a complete address.

For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any derivative holding; and any other non-reportable asset.

## BLOCK B

### Year-End Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."

## BLOCK C

### Type of Income

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.

## BLOCK D

### Amount of Income

For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

## BLOCK E

### Transaction

Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

JT	AIG VALIC ANNUITY	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
SP	AIG VALIC ANNUITY	\$250,001 - \$500,000	DIVIDENDS	\$201 - \$1,000	
JT	AUSTIN BANK	\$1 - \$1,000	INTEREST	\$1 - \$200	
JT	BANK ONE	\$1 - \$1,000	INTEREST	\$1 - \$200	
JT	COVENANT BANK	\$1 - \$1,000	INTEREST	\$1 - \$200	
JT	COVENANT BANK SHARES	\$1,001 - \$15,000	None	NONE	

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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SP	EQUITABLE	\$1 - \$1,000	INTEREST	\$1 - \$200		
JT	KNIGHT INS STOCK	\$15,001 - \$50,000	None	NONE		
SP	LEGENT CONS	\$1 - \$1,000	DIVIDENDS	\$1 - \$200		
JT	NICOR GAS	\$1,001 - \$15,000	INTEREST	\$1 - \$200		
SP	PEGASUS FUND	\$1 - \$1,000	DIVIDENDS	NONE		
SP	SECURITIES INCOME	\$1 - \$1,000	DIVIDENDS	\$1 - \$200		
JT	SOUTHSIDE CREDIT UNION	\$1 - \$1,000	INTEREST	\$1 - \$200		
SP	UNITED CREDIT UNION	\$1 - \$1,000	INTEREST	\$1 - \$200		

# **SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

Name **DANNY K DAVIS**

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
NAT'L CENTER FOR HEALTH ON PUBLIC HOUSING NORTH AMERICAN MANAGEMENT	JUNE 27, 2010- JUNE 28, 2010	CHICAGO-BOSTON- WASHINGTON DC	Y	Y	N	NONE

# SCHEDULE VIII - POSITIONS

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
BOARD MEMBER	CONGRESSIONAL BLACK CAUCUS FOUNDATION
BOARD MEMBER	STREET WISE NEWSPAPER
BOARD MEMBER	EAST-WEST UNIVERSITY
ADVISORY BOARD	PREVENTION PARTNERSHIP